

a child needs to wait for a forever family.”

This isn't just a good government bill, Mr. Speaker. Sure, we are reducing costs and paperwork and we can attach all sorts of numbers and dollar figures to that, but the most important thing we are doing here is we are giving at-risk youth a more permanent home sooner. We are giving them hope sooner. We are giving them a chance to actually thrive sooner.

I urge my colleagues to vote “yes.”

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Indiana (Mrs. WALORSKI) that the House suspend the rules and pass the bill, H.R. 2742.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

# PARTNERSHIP GRANTS TO STRENGTHEN FAMILIES AF- FECTED BY PARENTAL SUB- STANCE ABUSE ACT

Mrs. NOEM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2834) to improve the well-being of, and improve permanency outcomes for, children and families affected by heroin, opioids, and other substance abuse, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2834

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

## SECTION 1. SHORT TITLE.

This Act may be cited as the “Partnership Grants to Strengthen Families Affected by Parental Substance Abuse Act”.

## SEC. 2. ENHANCEMENTS TO GRANTS TO IMPROVE WELL-BEING OF FAMILIES AFFECTED BY SUBSTANCE ABUSE.

Section 437(f) of the Social Security Act (42 U.S.C. 629g(f)) is amended—

(1) in the subsection heading, by striking “INCREASE THE WELL-BEING OF, AND TO IMPROVE THE PERMANENCY OUTCOMES FOR, CHILDREN AFFECTED BY” and inserting “IMPLEMENT IV—E PREVENTION SERVICES, AND IMPROVE THE WELL-BEING OF, AND IMPROVE PERMANENCY OUTCOMES FOR, CHILDREN AND FAMILIES AFFECTED BY HEROIN, OPIOIDS, AND OTHER”;

(2) by striking paragraph (2) and inserting the following:

“(2) REGIONAL PARTNERSHIP DEFINED.—In this subsection, the term ‘regional partnership’ means a collaborative agreement (which may be established on an interstate, State, or intrastate basis) entered into by the following:

“(A) MANDATORY PARTNERS FOR ALL PARTNERSHIP GRANTS.—

“(i) The State child welfare agency that is responsible for the administration of the State plan under this part and part E.

“(ii) The State agency responsible for administering the substance abuse prevention and treatment block grant provided under subpart II of part B of title XIX of the Public Health Service Act.

“(B) MANDATORY PARTNERS FOR PARTNERSHIP GRANTS PROPOSING TO SERVE CHILDREN IN

OUT-OF-HOME PLACEMENTS.—If the partnership proposes to serve children in out-of-home placements, the Juvenile Court or Administrative Office of the Court that is most appropriate to oversee the administration of court programs in the region to address the population of families who come to the attention of the court due to child abuse or neglect.

“(C) OPTIONAL PARTNERS.—At the option of the partnership, any of the following:

“(i) An Indian tribe or tribal consortium.

“(ii) Nonprofit child welfare service providers.

“(iii) For-profit child welfare service providers.

“(iv) Community health service providers, including substance abuse treatment providers.

“(v) Community mental health providers.

“(vi) Local law enforcement agencies.

“(vii) School personnel.

“(viii) Tribal child welfare agencies (or a consortia of the agencies).

“(ix) Any other providers, agencies, personnel, officials, or entities that are related to the provision of child and family services under a State plan approved under this subpart.

“(D) EXCEPTION FOR REGIONAL PARTNERSHIPS WHERE THE LEAD APPLICANT IS AN INDIAN TRIBE OR TRIBAL CONSORTIA.—If an Indian tribe or tribal consortium enters into a regional partnership for purposes of this subsection, the Indian tribe or tribal consortium—

“(i) may (but is not required to) include the State child welfare agency as a partner in the collaborative agreement;

“(ii) may not enter into a collaborative agreement only with tribal child welfare agencies (or a consortium of the agencies); and

“(iii) if the condition described in paragraph (2)(B) applies, may include tribal court organizations in lieu of other judicial partners.”;

(3) in paragraph (3)—

(A) in subparagraph (A), by striking “\$500,000 and not more than \$1,000,000” and inserting “\$250,000 and not more than \$1,000,000”;

(B) in subparagraph (B)—

(i) in the subparagraph heading, by inserting “; PLANNING” after “APPROVAL”;

(ii) in clause (i), by striking “clause (ii)” and inserting “clauses (ii) and (iii)”;

(iii) by adding at the end the following:

“(iii) SUFFICIENT PLANNING.—A grant awarded under this subsection shall be disbursed in two phases: a planning phase (not to exceed 2 years) and an implementation phase. The total disbursement to a grantee for the planning phase may not exceed \$250,000, and may not exceed the total anticipated funding for the implementation phase.”; and

(C) by adding at the end the following:

“(D) LIMITATION ON PAYMENT FOR A FISCAL YEAR.—No payment shall be made under subparagraph (A) or (C) for a fiscal year until the Secretary determines that the eligible partnership has made sufficient progress in meeting the goals of the grant and that the members of the eligible partnership are coordinating to a reasonable degree with the other members of the eligible partnership.”;

(4) in paragraph (4)—

(A) in subparagraph (B)—

(i) in clause (i), by inserting “, parents, and families” after “children”;

(ii) in clause (ii), by striking “safety and permanence for such children; and” and inserting “safe, permanent caregiving relationships for the children”;

(iii) in clause (iii), by striking “or” and inserting “increase reunification rates for chil-

dren who have been placed in out-of-home care, or decrease”;

(iv) by redesignating clause (iii) as clause (v) and inserting after clause (ii) the following:

“(iii) improve the substance abuse treatment outcomes for parents including retention in treatment and successful completion of treatment;

“(iv) facilitate the implementation, delivery, and effectiveness of prevention services and programs under section 471(e); and”;

(B) in subparagraph (D), by striking “where appropriate,”; and

(C) by striking subparagraphs (E) and (F) and inserting the following:

“(E) A description of a plan for sustaining the services provided by or activities funded under the grant after the conclusion of the grant period, including through the use of prevention services and programs under section 471(e) and other funds provided to the State for child welfare and substance abuse prevention and treatment services.

“(F) Additional information needed by the Secretary to determine that the proposed activities and implementation will be consistent with research or evaluations showing which practices and approaches are most effective.”;

(5) in paragraph (5)(A), by striking “abuse treatment” and inserting “use disorder treatment including medication assisted treatment and in-home substance abuse disorder treatment and recovery”;

(6) in paragraph (7)—

(A) by striking “and” at the end of subparagraph (C); and

(B) by redesignating subparagraph (D) as subparagraph (E) and inserting after subparagraph (C) the following:

“(D) demonstrate a track record of successful collaboration among child welfare, substance abuse disorder treatment and mental health agencies; and”;

(7) in paragraph (8)—

(A) in subparagraph (A)—

(i) by striking “establish indicators that will be” and inserting “review indicators that are”;

(ii) by striking “in using funds made available under such grants to achieve the purpose of this subsection” and inserting “and establish a set of core indicators related to child safety, parental recovery, parenting capacity, and family well-being. In developing the core indicators, to the extent possible, indicators shall be made consistent with the outcome measures described in section 471(e)(6)”;

(B) in subparagraph (B)—

(i) in the matter preceding clause (i), by inserting “base the performance measures on lessons learned from prior rounds of regional partnership grants under this subsection, and” before “consult”;

(ii) by striking clauses (iii) and (iv) and inserting the following:

“(iii) Other stakeholders or constituencies as determined by the Secretary.”; and

(8) in paragraph (9)(A), by striking clause (i) and inserting the following:

“(i) SEMIANNUAL REPORTS.—Not later than September 30 of each fiscal year in which a recipient of a grant under this subsection is paid funds under the grant, and every 6 months thereafter, the grant recipient shall submit to the Secretary a report on the services provided and activities carried out during the reporting period, progress made in achieving the goals of the program, the number of children, adults, and families receiving services, and such additional information as the Secretary determines is necessary. The report due not later than September 30 of the last such fiscal year shall include, at a minimum, data on each of the performance

indicators included in the evaluation of the regional partnership.”.

### SEC. 3. EFFECTIVE DATE.

(a) IN GENERAL.—Subject to subsection (b), the amendments made by this Act shall take effect on October 1, 2017.

(b) TRANSITION RULE.—

(1) IN GENERAL.—In the case of a State plan under part B of title IV of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this Act, the State plan shall not be regarded as failing to comply with the requirements of such part solely on the basis of the failure of the plan to meet such additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be deemed to be a separate regular session of the State legislature.

(2) APPLICATION TO PROGRAMS OPERATED BY INDIAN TRIBAL ORGANIZATIONS.—In the case of an Indian tribe, tribal organization, or tribal consortium which the Secretary of Health and Human Services determines requires time to take action necessary to comply with the additional requirements imposed by the amendments made by this Act (whether the tribe, organization, or tribal consortium has a plan under section 479B of the Social Security Act or a cooperative agreement or contract entered into with a State), the Secretary shall provide the tribe, organization, or tribal consortium with such additional time as the Secretary determines is necessary for the tribe, organization, or tribal consortium to take the action to comply with the additional requirements before being regarded as failing to comply with the requirements.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from South Dakota (Mrs. NOEM) and the gentleman from Illinois (Mr. DANNY K. DAVIS) each will control 20 minutes.

The Chair recognizes the gentlewoman from South Dakota.

### GENERAL LEAVE

Mrs. NOEM. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2834, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from South Dakota?

There was no objection.

Mrs. NOEM. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of the Partnership Grants to Strengthen Families Affected by Parental Substance Abuse Act. I applaud Mr. DAVIS for all of the excellent work he has done on this issue.

Most substantiated child abuse and neglect cases involve substance abuse by a parent or a guardian. This is something we are seeing all too often in places like my home State of South Dakota. Substance abuse, especially alcohol and meth, result in far too many instances of child abuse, domestic abuse, and other kinds of violent crime and behavior.

Historically, a lack of coordination and collaboration has hindered the ability of those working in the fields of child welfare and substance abuse, and even the courts, from fully supporting families in substance abuse crisis.

Families involved with child welfare have complex needs. No two cases are alike. It is for this reason that improving outcomes for parents and children require a coordinated effort among all systems.

This bill strengthens the Regional Partnership Grants program, which provides funding to State and regional grantees seeking to provide evidence-based services to prevent child abuse and neglect related to substance abuse. Most importantly, this bill updates the RPG program to specifically address the opioid and heroin epidemics.

By ensuring better coordination, this bill will also encourage States to address the well-being of the family as a whole, using evidence-based approaches to help parents and children at the same time, so many children can stay safely at home with their families.

Finally, this bill is noncontroversial and it is bipartisan. Provisions in this bill were contained in the Family First Prevention Services Act last Congress, which passed the House by a voice vote. The Family First Act, as you recall, was supported by over 500 State and local organizations representing a wide range of practitioners and advocacy organizations.

Mr. Speaker, I appreciate the opportunity to stand with Mr. DAVIS in supporting this bill today.

I reserve the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

I strongly support H.R. 2834, the Partnership Grants to Strengthen Families Affected by Parental Substance Abuse Act.

I am pleased to join with Congresswoman NOEM in leading this bill to strengthen families by addressing parental substance abuse and decreasing the number of children entering foster care. Our bill is common sense. It takes the research lessons from the smaller scale Regional Partnership Grants and expands those efforts to the State level.

We know that substance abuse underlies a substantial percentage of child welfare cases, affecting between one-third to two-thirds of children in care. Aside from neglect, alcohol or other drug use is the number one reason for removal from the home. In 2014, over 77,000 youths were removed from their homes due to drug abuse.

What is exciting is that we have strong empirical evidence that working with parents experiencing substance abuse significantly helps children and families; specifically, working with these families helps children to experience fewer days in foster care, higher reunification rates, less recurrence of child maltreatment, and better permanency over time.

H.R. 2834 provides the opportunity to scale up these successes from smaller, targeted interventions into full State interventions, while building the research to better inform Federal policy overall.

My home State of Illinois has led the Nation in addressing substance abuse issues in child welfare. We know that we need to do more to address this problem, but we know what works and we know we can work bipartisanly to support families in addressing substance abuse so that we can increase permanency and safety.

When I ask foster youth what policy-makers could do to make child welfare better, they almost always say: “You could have helped my mom and dad.” That is what we do today.

I urge passage of this important legislation.

I reserve the balance of my time.

Mrs. NOEM. Mr. Speaker, I reserve the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I yield 3 minutes to the gentlewoman from California, (Ms. BASS).

Ms. BASS. Mr. Speaker, I rise in support of H.R. 2834, the Partnership Grants to Strengthen Families Affected by Parental Substance Abuse Act.

This piece of legislation is responsive to countless pleas of youth and families seeking necessary assistance and support without fracturing critical family bonds and relationships.

The majority of children who are removed from home are actually removed for neglect and not physical or sexual abuse. Over 60 percent of children are removed for neglect, and neglect is secondary to substance abuse, mental health issues, and abject poverty.

In the 1990s, when the crack cocaine epidemic hit, we didn’t understand much about addiction, and so we were angry. We punished the mothers. We imprisoned the mothers. We took the children away, and we didn’t realize that actually not addressing the underlying substance abuse issue would really be more harmful to the children than removing them and putting them into foster care.

Now that we are experiencing another epidemic related to drugs, both with meth and with heroin, at least our knowledge base has grown a lot. We have drug courts. We have evidence-based treatments. We have a lot of ways that we can address families.

One of the things that we have learned is that, if you can put the entire family in treatment, then, that way, one, the parents are not separated from their children, the children can get help, and the parents can get help as well.

What often happens if you remove the child from the parent is that you set the parent up to relapse or to never actually go into treatment because they will cycle into depression, and they will continue their cycle of addiction.

We have had many children who actually wound up growing up in foster care because their parents were removed ask us, why didn't we help the family, why didn't we help their parents. Sadly, what has happened to many of these children, when they grow up, they continue the same cycle of going into depression, winding up in addiction.

Over the years, the National Foster Youth Institute in conjunction with the Congressional Caucus on Foster Youth have organized many different delegations and trips around the country looking at the different foster care systems. Our very first listening tour was in Los Angeles, and we visited a program called SHIELDS for Families.

SHIELDS for Families is a very large drug treatment program that has functioned for over 20 years by keeping the entire family together, and some of these families can remain in residential care for as long as a year. They have been able to reduce the number of children who were removed and go into the foster care system because they provide treatment for the family as a whole.

This bill would modify the award criteria for Health and Human Services to consider whether a partnership has a track record of selective collaboration among child welfare, substance abuse disorder treatment, and mental health agencies. Simply put, this bill is designed to keep families together.

I urge my colleagues to support H.R. 2834.

Mrs. NOEM. Mr. Speaker, I reserve the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, over a decade of research shows the successes of helping families involved in the child welfare system who struggle with substance abuse. Through this research, we know that there are seven common ingredients that help improve families' outcomes: a system of identifying families, earlier access to assessment and treatment services, increased management of recovery services and compliance, increased judicial oversight, responses to participant behavior based on proven contingency management approaches, collaborative approaches across service systems and courts, and improved family-centered services and repair of parent-child relationships.

□ 1730

Again, Mr. Speaker, it has been a pleasure for my staff and I to have the opportunity to work with Mrs. NOEM and her staff in preparing this legislation.

And I might note that on Saturday of this past week, a group of us in Illinois took two busloads of children to a special program run by the Illinois Department of Corrections at the Sheridan Correctional Center to see their fathers, who were all involved in a special program established for individ-

uals who were incarcerated for crimes dealing with substance and who, themselves, were substance users. This experience was so exciting in terms of these individuals finding help, and their children being able to interact with them, even though they were incarcerated.

So someone asked me what was I going to do for Father's Day, and I told them after we returned that I have had my Father's Day experience. If we can help these individuals to rid themselves of the tremendous habits and difficulty that they have of substance use, then Father's Day would be good enough.

Mr. Speaker, I thank the gentlewoman from South Dakota (Mrs. NOEM), and I yield back the balance of my time.

Mrs. NOEM. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I, again, want to applaud Mr. DAVIS for all of his work on this issue. I know he is passionate and has a big heart for our children, especially those that are in difficult situations such as we are discussing today.

This bill will help us protect the fundamental element of our society, and that is the family. It will keep families together. It will empower courts and child welfare workers to coordinate for the good of children, and I am proud to support this bill.

I ask for the support of this legislation that is before us, Mr. Speaker, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. HOLLINGSWORTH). The question is on the motion offered by the gentlewoman from South Dakota (Mrs. NOEM) that the House suspend the rules and pass the bill, H.R. 2834, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### SUPPORTING FAMILIES IN SUBSTANCE ABUSE TREATMENT ACT

Mrs. NOEM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2857) to support foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2857

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Supporting Families in Substance Abuse Treatment Act".

#### SEC. 2. FOSTER CARE MAINTENANCE PAYMENTS FOR CHILDREN WITH PARENTS IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE.

(a) IN GENERAL.—Section 472 of the Social Security Act (42 U.S.C. 672) is amended—

(1) in subsection (a)(2)(C), by striking "or" and inserting " , with a parent residing in a

licensed residential family-based treatment facility, but only to the extent permitted under subsection (j), or in a"; and

(2) by adding at the end the following:

"(j) CHILDREN PLACED WITH A PARENT RESIDING IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE.—

"(1) IN GENERAL.—Notwithstanding the preceding provisions of this section, a child who is eligible for foster care maintenance payments under this section shall be eligible for the payments for a period of not more than 12 months during which the child is placed with a parent who is in a licensed residential family-based treatment facility for substance abuse, but only if—

"(A) the recommendation for the placement is specified in the child's case plan before the placement;

"(B) the treatment facility provides, as part of the treatment for substance abuse, parenting skills training, parent education, and individual and family counseling; and

"(C) the substance abuse treatment, parenting skills training, parent education, and individual and family counseling is provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing.

"(2) PAYMENT AMOUNT.—The amount the State may receive under section 474(a)(1) for a child placed with a parent who is in a licensed residential family-based treatment facility for substance abuse shall not exceed the amount the State would otherwise be eligible to receive under such section based on where the child would be appropriately placed in a setting described in section 472(a)(2)(C) if such treatment setting were not available.

"(3) APPLICATION.—With respect to children for whom foster care maintenance payments are made under paragraph (1), only the children who satisfy the requirements of paragraphs (1)(B) and (3) of subsection (a) shall be considered to be children with respect to whom foster care maintenance payments are made under this section for purposes of subsection (h) or section 473(b)(3)(B)."

(b) CONFORMING AMENDMENT.—Section 474(a)(1) of such Act (42 U.S.C. 674(a)(1)) is amended by inserting "subject to section 472(j)," before "an amount equal to the Federal" the first place it appears.

#### SEC. 3. EFFECTIVE DATE.

(a) EFFECTIVE DATES.—Subject to subsection (b), the amendments made by this Act shall take effect on October 1, 2017.

(b) TRANSITION RULE.—

(1) IN GENERAL.—In the case of a State plan under part E of title IV of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this Act, the State plan shall not be regarded as failing to comply with the requirements of such part solely on the basis of the failure of the plan to meet such additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be deemed to be a separate regular session of the State legislature.